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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10/582,124

Filing Date

May 10, 2007

First Named Inventor

Linda Greensmith

Art Unit

1614

Examiner Name

Not Yet Assigned

Attorney Docket Number

CytRx/012

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	SB/08
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Copy of references BA and BB
	<input type="checkbox"/> Landscape Table on CD	Return Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<div>Remarks</div> <p>The Director is hereby authorized to charge payment of any fees, or credit any overpayment, required in connection with this Information Disclosure Statement to Deposit Account No. 06-1075, Order No. 004049-0018-101.</p>	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Ropes & Gray LLP

Signature

Printed name

Carl A. Morales

Date

September 5, 2008

Reg. No.

57,415

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

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Sarah Schlie

Date

September 5, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



CytRx/012 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Linda Greensmith et al.
Application No. : 10/582,124
Confirmation No. : 1776
Filed : May 10, 2007
For USE OF HYDROXIMIC ACID HALIDE DERIVATIVE
IN THE TREATMENT OF NEURODEGENERATIVE
DISEASES
Examiner : Not yet assigned
Group Art Unit : 1614

New York, New York
September 5, 2008

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

INFORMATION DISCLOSURE STATEMENT

Sir:

Pursuant to 37 C.F.R. §§ 1.56 and 1.97, applicants hereby make of record the documents listed in the accompanying PTO/SB/08A form. Copies of these documents are enclosed herewith.

Applicants request that the cited documents be (1) fully considered by the Examiner during the course of examination of this application, and (2) printed on any patent issuing from this application. Additionally, applicants request that a copy of Form PTO/SB/08A, as considered and initialed by the Examiner, be returned with the next communication.

This Statement is submitted before the mailing of the first Office Action on the merits. In accordance with 37 C.F.R. § 1.97 (b)(3), no fee is due in connection with this Statement. However, if for any reasons a fee is due, the Director is hereby authorized to charge payment of the fee to Deposit Account No. 06-1075, Order No. 004049-0018-101.

Dated: September 5, 2008

Respectfully submitted,



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